

# ADVISORY BOARD PRE-MEETING

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September 5th, 2017

12:10-12:50PM

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**North Sound Behavioral Health Organization**

**North Sound Accountable Community of Health**

Leah Wainman, Community & Consumer Engagement  
Coordinator

# Behavioral Health Advisory Council

September 5, 2017

 North Sound ACH

BUILDING HEALTHIER COMMUNITIES

in Island, San Juan, Snohomish, Skagit & Whatcom Counties

## North Sound ACH is ...

A regional partnership of  
community members working  
together with a common interest  
of improving health.

# ACH Regions Map



HCA 82-008 (7/15)

 North Sound ACH

# Medicaid in the North Sound region

- 23% of region covered by Medicaid
  - 275,361 individuals
  - 55% Adults
  - 45% children

# Medicaid in the North Sound region

- Medicaid enrollees
  - 31% with identified mental illness need
  - 12% with identified substance use disorder treatment need
  - 61% well-child visits (ages 3-6)

# Partners

- Primary Care
- Behavioral Health
- EMS
- Law Enforcement
- Health Plans
- Hospitals
- Tribal Nations
- Educators
- Health Advocates
- Housing
- Local Governments
- Long Term Care
- Oral Health
- Public Health
- Foundations
- Social Service Agencies
- Community Health Centers

# Health is more than health care.

NSACH focuses on issues that affect whole-person health:

- Do you make enough money to afford basic necessities?
- Do you have safe, affordable housing?
- How easy is it for you to get to see the doctor?



# NSACH Goals

- Improve health of everyone in the region
- Lower the cost of health care
- Improve the experience of receiving care

# Demonstration Project Areas:

1. Healthcare Integration
2. Care Coordination
3. Transitional Care
4. Diversion Interventions
5. Addressing the Opioid Crisis
6. Reproductive and Maternal/Child Health
7. Access to Oral Health Services
8. Chronic Disease

# Healthcare Integration

**Project Goal:** Integrating Behavioral Health (mental health and substance use treatment) and Physical Health (primary care)



*Would you want your behavioral health provider to help you with medical needs?*

*Would you want your primary care provider to help with your behavioral health needs?*

*How?*

# Addressing the Opioid Crisis

Prevention

Connection to Treatment

Overdose Prevention

Long-Term Recovery

*If a friend or family member needed treatment for addiction to painkillers or heroin, where would you recommend they go?*

*Do you think they could receive treatment immediately?*

# Care Coordination

**Project Goal:** Promote care coordination across the continuum of health, ensuring people with complex health needs are connected to the services they need to improve and manage their health.



*Who do you trust in your community to connect you to services you need?*

# Transitional Care

**Project Goal:** Improve services for people transitioning out of intensive care settings or incarceration, in order to reduce avoidable trips to the hospital, and ensure people are getting the right care in the right place.



*When people in your community leave the hospital or jail, what support do they need to make sure they don't go back?*

# Diversion Interventions

**Project Goal:** Implement diversion strategies to promote more appropriate use of emergency care services and person-centered care through increased access to primary care and social services, especially for medically underserved populations.



*Do you or people you know sometimes call 911 for issues that don't necessarily require a trip to the Emergency Room?*

*Do you think a paramedic could help you with your needs without going to the ER?*

# Access to Oral Health Services

**Project Goal:** Increase access to oral health services (dental care) to prevent/ control oral disease and ensure that oral health is recognized as a fundamental component of whole-person care.



*If you and your dentist decided you had other health care needs, would you want your dentist to refer you to a provider? What about the other way around?*

*Other than in a dentist's office, is there anywhere in your community that you would like to be able to receive dental care?*



# Reproductive & Maternal/Child Health

**Project Goal:** Ensure that women have access to high quality reproductive health care throughout their lives, and promote the health & safety of Washington's children and youth.

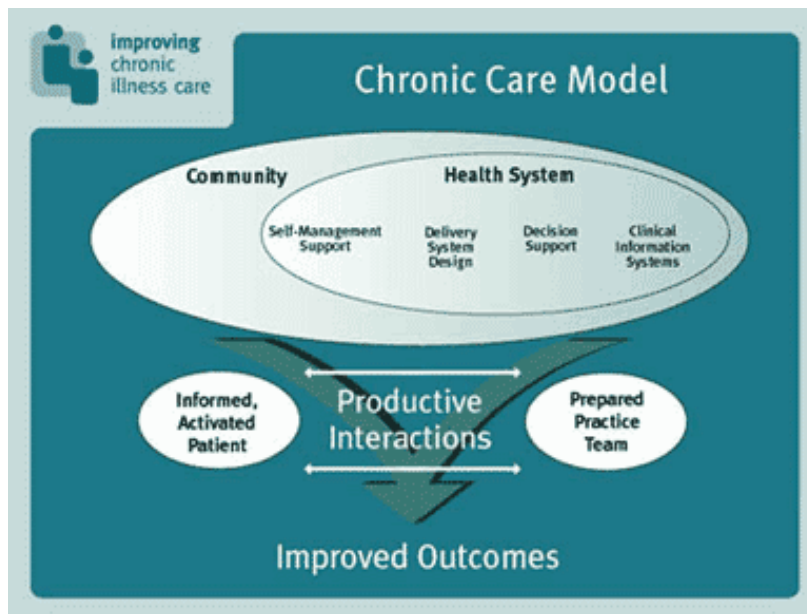


*Do/Did you vaccinate your children?  
If not, why not?*

*What would make it easier to take  
your child to the doctor for regular  
check-ups?*

# Chronic Disease

**Project Goal:** Integrate medical and community services to improve chronic disease management and control for adults and children – specifically around asthma, diabetes, and heart disease.



*What makes it hard for you, your friends, or family members to manage chronic disease?*

*Is there anywhere in your community where you can learn how to manage chronic disease, or get support if you're already managing it?*

# Get Involved

*Who else should we talk to?*

**Stay in touch:**

Leah Wainman

[leah@northsoundach.org](mailto:leah@northsoundach.org)

(360) 386-5864

**Join the Community Leadership Council:**

info at [www.NorthSoundACH.org](http://www.NorthSoundACH.org)

## Healthcare Integration

*Would you want your behavioral health provider to help you with medical needs?*

*Would you want your primary care provider to help with your behavioral health needs?  
How?*

## Opioids

*If a friend or family member needed treatment for addiction to painkillers or heroin, where would you recommend they go?*

*Do you think they could receive treatment immediately?*

## Care Coordination

*Who do you trust in your community to connect you to services you need?*

## **Transitional Care**

*When people in your community leave the hospital or jail, what support do they need to make sure they don't go back?*

## **Diversion**

*Do you or people you know sometimes call 911 for issues that don't necessarily require a trip to the Emergency Room?*

*Do you think a paramedic could help you with your needs without going to the ER?*



## Oral Health Services

*If you and your dentist decided you had other health care needs, would you want your dentist to refer you to a provider? What about the other way around?*

*Other than in a dentist's office, is there anywhere in your community that you would like to be able to receive dental care?*

## **Reproductive & Maternal/Child Health**

*Do/Did you vaccinate your children? If not, why not?*

*What would make it easier to take your child to the doctor for regular check-ups?*

## **Chronic Disease**

*What makes it hard for you, your friends, or family members to manage chronic disease?*

*Is there anywhere in your community where you can learn how to manage chronic disease, or get support if you're already managing it?*

**North Sound Behavioral Health Organization**

301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273

**ADVISORY BOARD AGENDA**

September 5th, 2017

1:00 p.m. – 3:00 p.m.

**CALL TO ORDER & INTRODUCTIONS**

**REVISIONS TO THE AGENDA**

**APPROVAL OF MINUTES FROM PREVIOUS MEETING**

Approval of August Minutes.....TAB 1

**ANNOUNCEMENTS**

New State Laws to Protect Elders and Vulnerable Adults.....TAB 2

Joe Moccia – Island County

OMBUDS – Boone Sureepisarn North Sound Regional Ombuds

**BRIEF COMMENTS OR QUESTIONS FROM THE PUBLIC**

**STANDING COMMITTEE REPORTS (Briefs from Each Committee Attached)**

- Quality Management Oversight Committee (QMOC)(No August Meeting)

**EXECUTIVE/FINANCE COMMITTEE REPORT**

Approval of the August Expenditures.....TAB 3

**EXECUTIVE DIRECTOR’S REPORT & ACTION ITEMS**

**Executive Director’s Report Items**

- Report from Joe.....TAB 4
- Mid-Adopter Status Discussion.....TAB 5

**Executive Director’s Action Items**

- Action Items/Memorandum .....TAB 6

**OLD BUSINESS**

**NEW BUSINESS**

**REPORT FROM ADVISORY BOARD MEMBERS**

**REMINDER OF NEXT MEETING**

- The next scheduled meeting is October 3rd, 2017 in the Conference Room Snohomish

**ADJOURN**

FINAL approved by Advisory Board

**North Sound Behavioral Health Organization**

301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273

**ADVISORY BOARD MINUTES**

August 1<sup>st</sup>, 2017

1:00 p.m. – 3:00 p.m.

**ATTENDANCE**

**Advisory Board Members Present**

Island: Chris Garden

San Juan:

Skagit: Ron Coakley, Duncan West, Joan Lubbe

Snohomish: Marie Jubie, Pat O'Maley-Lanphear, Carolyn Hetherwick Goza, Jack Eckrem, Fred Plappert, Joan Bethel, Jennifer Yuen

Whatcom: David, Kincheloe, Mark McDonald, Stephen Jackson, Arlene Feld, Michael Massanari, Natasha Raming (Phone)

**Excused Advisory Board Members**

Island: Candy Trautman, Betty Rogers

San Juan: Theresa Chemnick, Meg Massey

Skagit:

Snohomish: Greg Wennerberg, Carolann Sullivan

Whatcom:

**Absent Advisory Board Members**

Island: Joe Moccia

San Juan:

Skagit:

Snohomish:

Whatcom:

**NSBHO Staff Present**

Margaret Rojas (Contracts and Human Resource Manager)

Maria Arreola (Advisory Board Coordinator)

Diane McLeod (Administrative Assistant I)

**Guests Present**

Leah Wainman – North Sound Accountable Community of Health; Community & Consumer Engagement Coordinator

**CALL TO ORDER & INTRODUCTIONS**

The Chair called the meeting to order at 1:09 p.m. and initiated introductions

**REVISIONS TO THE AGENDA**

The Chair inquired regarding revisions to the Agenda. None mentioned

**APPROVAL OF MINUTES FROM PREVIOUS MEETING MINUTES**

June minutes were approved by a motion and vote

FINAL approved by Advisory Board

July minutes approved by a motion and vote with revised attendance from Fred Plappert to be moved to excused

### **STANDING COMMITTEE REPORTS (Briefs from Each Committee Attached)**

- Planning Committee (No July meeting)
- Quality Management Oversight Committee (QMOC) Report

### **EXECUTIVE DIRECTOR'S REPORT & ACTION ITEMS**

#### **Executive Director Report**

Margaret Rojas reported on the following topics:

- Mid-Adopter Discussion
- Interlocal Leadership Structure Update
- Behavioral Health Facilities Update
- Contracting with Northwest Regional Council
- Telepsychiatry System

#### **Action Items**

Margaret Rojas reviewed each of the Action Items with the Advisory Board

- A motion was made to move the Action Items to the County Authorities Executive Committee for approval. Motion was seconded with one opposed to Motion 16-18 Amendment 3
- Motion approved to forward the Action Items to the County Authorities Executive Committee for approval with one opposed to Motion 16-18 Amendment 3

### **OLD BUSINESS**

#### **2017 Washington Behavioral Healthcare Conference – Advisory Board Members Report**

Members attended the Washington Behavioral Healthcare Conference in Vancouver, spoke to the meaningfulness of conference speakers and sessions

#### **North Sound Behavioral Health Organization Advisory Board Transportation Policies 4507.00 and 4510.00**

Discussion took place regarding revisions to policy 4507.00. Policy 4510.00 was reviewed. Motion made to approve policy 4507.00 with revisions and policy 4510.00. Motion seconded. All in favor

### **NEW BUSINESS**

#### **Announcements**

- Newly Hired North Sound BHO Staff

Margaret Rojas introduced Diane McLeod to the Board. Diane is hired for the Administrative Assistant I position to the Administrative department.

- North Sound Accountable Community of Health (NSACH)

FINAL approved by Advisory Board

The Chair introduced Leah Wainman, Community & Consumer Engagement Coordinator to the Board. The NSACH is seeking individuals to work with the NSACH workgroups that are involved in health care projects. Leah and Kyle Davidson, Deputy Director of NSACH, will be returning in September to present to the Board at the pre-meeting

**North Sound BHO Planning Committee**

The Planning Committee is temporarily suspended. This will be further discussed during the August County Coordinators meeting. Based on the outcome of that discussion will determine the continuation of the Planning Committee. The Advisory Board will continue to be updated regularly on goals and planning

**Site Tour – Therapeutic Health Services Methadone Clinic – Everett Location**

It was determined to schedule the site tour to be Friday, August 11<sup>th</sup>, 10:00 a.m. – 11:30 a.m.

**September 5<sup>th</sup>, 2017 Advisory Board Meeting Date Change**

It was determined to keep the scheduled meeting as is for Tuesday, September 5<sup>th</sup>, 2017

**National Alliance on Mental Illness (NAMI) Annual State Conference**

Discussion took place regarding Members attendance. It was determined Advisory Board Members that are NAMI members can attend and apply to the NAMI scholarship to attend the 2017 conference

**North Sound BHO Advisory Board Recommendations for a Vision for a Fully Integrated Physical and Behavioral Health System**

Document reviewed. Members discussed revisions. Motion took place to approve the document with revisions. Motion seconded, all in favor

**ACTION ITEMS**

**Executive & Finance Committee**

The July Expenditures were reviewed and discussed. A motion was made to move the Expenditures to the County Authorities Executive Committee for approval. Motion was approved

**REPORT FROM ADVISORY BOARD MEMBERS**

None

**BRIEF COMMENTS OR QUESTIONS FROM THE PUBLIC**

None

**ADJOURNMENT**

The Chair adjourned the meeting at 3:06 p.m.

**NEXT MEETING**

The next **Advisory Board meeting** is September 5<sup>th</sup>, 2017 in Conference Room Snohomish

## WASHINGTON STATE LEGISLATURE ADOPTS NEW LAWS TO PROTECT ELDERS AND VULNERABLE ADULTS

Important changes were made to the criminal code, in the most recent Washington legislative session, in an effort to help protect elders and other vulnerable adults. A person with a severe mental illness, or a developmental, cognitive, or physical disability can be classified as a "vulnerable adult." Financial and physical abuse of elders and vulnerable adults is a growing epidemic.

Last year, Washington's Adult Protective Services received more than 35,000 complaints. Of those, nearly 8,700 were related to financial abuse of an elderly or vulnerable adult and more than 5,600 were complaints of neglect. Legislators on both sides of the aisle recognized this crisis and broadly supported the new laws.

One act of the legislature created a new crime of "Theft from a Vulnerable Adult." This crime covers theft of money, personal property, real property, or services from a person the defendant knows, or should know, is a "vulnerable adult." Until now, theft from vulnerable adults fell under the generic theft statutes.

However, law enforcement commonly told victims that criminal investigation and prosecution wasn't a possibility and that their only option was a civil lawsuit. Law enforcement viewed the cases as too difficult to prosecute because thefts were often committed by family or caregivers.

The new law makes it clear (for law enforcement, victims, and perpetrators) that theft from a vulnerable adult is a criminal act that should be prosecuted in criminal court.

The new law also encourages counties to form advocacy teams whose sole focus is crimes against vulnerable adults and to develop protocols for handling criminal cases involving vulnerable adults.

The new law also extends the statute of limitations (the time period during which a crime can be prosecuted) for "felony theft from a vulnerable adult" from three (3) to six (6) years. The new 6-year time limit accounts for the fact that theft from elders and vulnerable adults often takes longer than usual to be discovered due to the close relationship that often exists between the victim and perpetrator.

The new law also makes it easier to prosecute the crime of "Criminal Mistreatment." Criminal Mistreatment occurs when a parent or person (including caregivers), entrusted with the physical custody and/or care of a child or dependent person of any age, withholds the basic necessities of life and causes, or creates a risk of, great or substantial bodily harm. Previous law required prosecutors show the perpetrator acted with "recklessness." This was often very difficult to prove. The new statute makes it easier for prosecutors to prove Criminal Mistreatment by showing that the perpetrator acted with "criminal negligence".

These new laws give mandated reporters, police, and prosecutors better tools to fight the growing crisis of elder abuse. Laws, however, are only one piece of the puzzle.

It is equally important that all of us remain vigilant to suspicious circumstances and activity. If you see something that seems amiss, don't be afraid to ask a few questions, or to make a report to law enforcement or adult protective services. We all have a role to play in protecting elders and vulnerable adults in our community.



## Advisory Board Budget August 2017

		All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session
	Total	Project # 1	Project # 2	Project # 3	Project # 4	Project # 5
Budget	\$ 42,000.00	\$ 15,000.00	\$ 3,545.00	\$ 20,200.00	\$ 255.00	\$ 3,000.00
Expense	(21,308.21)	(4,439.47)	(3,507.36)	(12,926.56)		(434.82)
Under / (Over) Budget	\$ 20,691.79	\$ 10,560.53	\$ 37.64	\$ 7,273.44	\$ 255.00	\$ 2,565.18

BHC , NAMI, COD, OTHER	BOARDS SUMMIT (RETREAT)	Costs for Board Members (meals mileage, misc.)	Non- Advisory Board Members, to attend meetings and special events	Shuttle, meals, hotel, travel
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08/31/17

**North Sound  
Behavioral Health Organization, LLC  
Warrants Paid  
August 2017**

	<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Memo</u>	<u>Amount</u>
<b>Advisory Board</b>						
<b>Professional Services</b>						
	Bill	08/08/2017	8030-AdBrd	ColibriFacilitation	Batch # 119982	1,800.00
Total Profesional Services						<u>1,800.00</u>
<b>Travel</b>						
	Bill	08/08/2017	Jul2017	AA Dispatch	Batch # 119982	955.25
	Bill	08/15/2017	Jul2017	City Cab, Inc.	Batch # 120073	98.80
	Bill	08/15/2017	Aug2017	Hilton Vancouver	Batch # 120073	-129.17
	Bill	08/22/2017	Aug2017	West, Duncan	Batch # 120169	42.80
Total Travel						<u>967.68</u>
<b>Miscellaneous</b>						
	Bill	08/01/2017	66304-AdBrd	Haggen Inc	Batch # 119907	470.35
	Bill	08/08/2017	26154798	Board of Regents/CASAT	Batch # 119982	900.00
Total Miscellaneous						<u>1,370.35</u>
Total Advisory Board						<u>4,138.03</u>
						<u>4,138.03</u>
						<u><b>4,138.03</b></u>

## North Sound BHO Executive Directors Report

### For the Advisory Board

September, 2017

#### Integration Planning Update

- On August 10, the BHO County Authorities Executive Committee (CAEC) discussed the issues related to becoming a Mid-Adopter. MaryAnn Lindeblad, Nathan Johnson, and Alice Lind from the Health Care Authority (HCA) provided a PowerPoint presentation on the “key considerations” related to Mid-Adopter status (copy of PowerPoint presentation attached). MaryAnn agreed to CAEC chair Jill Johnson’s request to extend the deadline for the North Sound to submit a letter of intent to become a Mid-Adopter from September 15 to September 20.
- HCA agreed to address any additional questions the CAEC members had in writing. A list of 29 questions were subsequently submitted to HCA. (attached)
- A special meeting of the CAEC has been scheduled for September 8 at 2:00 to review and discuss HCA’s answers to these questions.
- Additional information had been provided by the state related to the requirement that BHOs return all unspent money to the state by 2019 or 2020, depending on whether or not that region is going to become a mid-adopter. For BHOs that wish to convert to a “Behavioral Health Administrative Services Organization” (BH-ASO), they will need to submit a request to the state for any necessary start-up funds that they might need.
- On August 29, the 3rd meeting of the Interlocal Leadership Structure was held. One of the discussion items was the “Opportunities and Challenges” of becoming a BH-ASO. They also reviewed a proposed charter for the Interlocal Leadership Structure.

#### Behavioral Health Parity

- The Federal Government, CMS, is requiring the state to conduct a “parity” analysis to determine whether the level of behavioral health services offered through the MCO plans is essentially similar to those offered by the BHOs. The state currently places more requirements on the BHOs regarding prior authorization and the amount of data that must be collected. The state will need to recommend to CMS a plan for aligning the requirements of these two systems by October 1.
- The BHO will then be required to make any necessary changes in our own policies and procedures to conform to this plan.

#### Behavioral Health Facilities Update

- There is still no progress in the Legislature on the adoption of a Capital budget. The proposed budget includes dedicated funding for the re-purposing of a part of the Snohomish County Denny Juvenile Justice Center (DJJC) for 2 SUD Treatment Facilities, and the development of a 16 bed Triage facility and a 16 bed Acute Detox facility in Bellingham.

- The architectural firm contracted by Snohomish County, KMD, has completed their cost analysis of the proposed project to re-purpose DJJC. The total cost to create 2 SUD treatment facilities is estimated to be about \$14.8 million.
- BHO staff continue to work with Skagit County staff and the contracted Behavioral Health Facilities project manager, Cumming, to identify potential locations in Skagit County for a future “Stabilization Campus” where both the future Evaluation and Treatment Facility and an Acute Detox Center could be located. We are also beginning to brief local city officials on the list of properties we’re looking at.
- A potential location in Oak Harbor for the proposed Tri-County Crisis Center has also been identified that will be explored further. It would require that Island County purchase all or a part of the property.

### **Expansion of WISE**

- In October, we will be adding 3 new WISE providers – Center for Human Services, Therapeutic Health Services, and Sea Mar. In addition, Compass will begin providing WISE services in Whatcom County. With the addition of new providers and the expansion in Whatcom, our total WISE caseload is being increased from 224 at the beginning of this year to 301 in October.
- In 2018, we will be exploring a program model that would allow us to provide an adapted form of the WISE model in San Juan County.

### **San Juan County Outreach Plan**

- We are in the final stages of finalizing a plan to provide funding to Compass for “an outreach extender team” in San Juan County. This will fund 4 staff who will provide brief outreach and engagement services to persons suffering behavioral health problems who are not yet enrolled for BHO services, or for those enrolled persons who need more intensive services. One person will be assigned to each of the 3 main islands with a 4<sup>th</sup> person as a “floater”.

### **Opioid Summit**

- We are working with a diverse planning group of county coordinators, public health department staff, a Tribal representative, and the North Sound ACH to co-host a day long “Opioid Summit” on October 25. This will be an invitation only summit, and the purpose will be to bring together all of the organizations in the North Sound region working to address the Opioid epidemic.
- The Summit will include a keynote address on the latest research regarding medication assisted treatment, highlight the multiple initiatives already underway throughout the North Sound, and provide opportunities for the different organizations involved to connect and collaborate with each other.

# Transitioning to Fully Integrated Managed Care: Decisions for North Sound Counties

Joe Valentine, Executive Director

North Sound Behavioral Health Organization

September, 2017

# Background- Mid Adopter

- ▶ In 2014, ESSB 6312 directed that by 2020 all “Medicaid” health and behavioral health services would be integrated into contracts with Managed Care Organizations [MCOs]
- ▶ ESSB 6312 allowed financial incentives to be provided to regions who elect to implement Fully Integrated Managed Care (FIMC) prior to 2020.
- ▶ The state Health Care Authority (HCA) is now offering financial incentives to regions which implement FIMC in January, 2019 - the “mid-adopter” option.

# Background-Mid Adopter

- ▶ Counties who choose to become a Mid-Adopter must submit a “binding letter of intent” by September 15.
- ▶ All the Counties in a region must agree.
- ▶ HCA has agreed to give North Sound an extension until September 20.
- ▶ The North Sound BHO County Authorities Executive Committee will consider this option at its September 14 meeting.

# Mid Adopter Incentive Payments

- ▶ The North Sound region could earn up to \$11.7 million – about \$4.6 upon submittal of a binding letter of intent, and \$7 million upon implementation in 2019.
- ▶ The incentive funds would be distributed to the North Sound Accountable Community of Health [NSACH] to support provider readiness for FIMC.



# Becoming a BH-ASO

- ▶ In addition to the integrated “Medicaid” contracts, the state must also contract independently for Non-Medicaid services and functions
- ▶ A separate organization- a “Behavioral Health Administrative Services Organization” (BH-ASO) - would hold the non-Medicaid contract
- ▶ One of the primary functions of the BH-ASO would be to administer “Crisis Services”

# Becoming a BH-ASO

- ▶ The BH-ASO would also be responsible for other non-Medicaid administrative functions, such as the Advisory Committee, Ombuds, FYSPRT, etc.
- ▶ HCA will contract directly with the BH-ASO for the Non-Medicaid functions and the MCOs must contract with the BH-ASO to cover services to persons on Medicaid.
- ▶ Counties have the “right of first refusal” to become a BH-ASO. They must let HCA know by mid-October.

# Decisions for Counties

1. Should the North Sound region become a “Mid-Adopter”?
2. Should the North Sound counties convert their BHO to a BH-ASO and continue to oversee Crisis and Non-Medicaid services?
3. If the North Sound becomes a “Mid-Adopter”, which of the attached three options should they choose? [from the HCA slide presentation]

# Full Integration - 3 Options

## Full Integration on January 2019

- On Jan. 1, 2019 MCOs assume all risk and responsibility for Medicaid behavioral health services - no delegation
- On Jan. 1, 2019 BH-ASO assumes responsibility for crisis system and other non-Medicaid functions

## Transition Year Beginning 2019 - Full Integration by January 1, 2020

- MCOs assume risk for Medicaid services, subcontract an agreed upon set of services and/or functions to the BHO for 1 year
- BHO maintains non-Medicaid BH Contracts for 1 year - can continue as BH-ASO in 2020 if desired
- Region must meet readiness review milestones during 2019
- Full integration complete by January 1, 2020

## No Transition Year - Full Integration by January 1, 2020

- On Jan 1, 2020 MCOs assume all risk and responsibility for Medicaid BH services - no delegation
- On Jan 1, 2020 BH-ASO assumes responsibility for crisis system and other non-Medicaid functions

# Timeline

DATE	MILESTONE
September 8	Special meeting of BHO CAEC to review HCA answers
September 14	Monthly BHO CAEC Meeting - vote on Mid-Adopter
September 20	Deadline to submit binding letter of intent
October 12	Monthly BHO CAEC Meeting - vote on BH-ASO
January 11, 2018	Approve recommendations from Leadership Structure on elements for the Addendum to the FIMC RFP
February, 2018	HCA releases RFP to choose the MCOs
March, 2018 [tentative]	HCA releases RFP to choose a single BH-ASO to serve all regions in which the counties are not the BH-ASO
May, 2018 [tentative]	HCA selects the MCOs from which to purchase integrated care for all remaining regions

# Interlocal Leadership Structure

- ▶ In 2017, the Counties requested legislation establishing “Interlocal Leadership Structures” to ensure that the counties had a voice in developing the plan for integrated care in their region
- ▶ This language authorized the counties to establish and chair these Leadership Structures.
- ▶ The Leadership Structures would include the counties [BHO], MCOs and HCA. They would also engage other stakeholders in the region.
- ▶ The Senate bill this language was attached to never passed, but the North Sound went ahead and created a North Sound Leadership Structure.

# Interlocal Leadership Structure

- ▶ BHO Director
- ▶ One representative from each County
- ▶ Representatives from each of the 5 Apple Health MCOs
- ▶ Executive Director and one Board member from the North Sound ACH
- ▶ Representative of a Tribal Authority

# Interlocal Leadership Structure

- ▶ HCA and the five MCOs have agreed to support the work of the Leadership Structure even though legislative language was not passed
- ▶ The North Sound Leadership Structure has met 3 times and all participants have agreed to continue to meet



# Interlocal Leadership Structure

## *Topics Discussed so far:*

- Overview of BHO programs, functions, and blended funding model
- Opportunities and Challenges of becoming a Mid-Adopter
- Opportunities and Challenges of becoming a BH-ASO
- The benefits MCOs can contribute to the region
- How to engage other stakeholders
- Proposed Leadership Structure Charter

# Opportunities and Challenges of Becoming a Mid-Adopter

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"><li>• Deadline for letter of intent extended to Sept 20</li></ul>	<ul style="list-style-type: none"><li>• Less time to incorporate lessons learned</li><li>• Need time for all 5 counties to agree</li></ul>
<ul style="list-style-type: none"><li>• Can earn up to \$11.6 million incentive</li></ul>	<ul style="list-style-type: none"><li>• Allocation of incentive money decided by the ACH</li></ul>
<ul style="list-style-type: none"><li>• Allows for more input into system design and RFP</li></ul>	<ul style="list-style-type: none"><li>• RFP addendum elements due by January, 2018</li></ul>
<ul style="list-style-type: none"><li>• Less time that BHO and Providers live with uncertainty about the future</li><li>• Provides a more gradual transition to FIMC</li><li>• Much of the BHO structure remains in place in 2019</li></ul>	<ul style="list-style-type: none"><li>• May not be enough time to prepare providers for the change - especially in billing and data systems</li><li>• Will reduce BHO financial support to counties and providers</li><li>• Less time to spend down BHO reserves</li></ul>

# Opportunities and Challenges of Becoming a BH-ASO

OPPORTUNITIES	CHALLENGES
Maintains existing continuum of Crisis Services	Maintaining existing level of services will require financial commitment from MCOs and HCA
Maintains existing set of relationships with community organizations and systems	
Maintains accountability to county elected officials	
Maintains the administrative structure that can transition to the BH-ASO	The BH-ASO must begin operation with no cash reserves or operating funds
The BH-ASO can serve as the ongoing planning and coordinating structure	Will require ongoing commitment from MCOs to participate in the Leadership Structure

# Special Considerations- BHO Reserves

- ▶ Upon termination of the BHO contact - all remaining reserves and unspent funds must be returned to the state
- ▶ BHOs must submit a spend-down plan to detail how reserves will be spent and amount needed to pay remaining claims
- ▶ Redirection of unspent funds requires legislative action
- ▶ Currently, North Sound has over \$50 million in reserves.
- ▶ This includes required operating and risk reserves, and money encumbered by the CAEC for program expansion, e.g., treatment facilities, WISe expansion, and Tele-Psychiatry.

# Special Considerations - Delegation of Functions

- ▶ Upon implementation of FIMC, the contracted MCOs can not “delegate” behavioral health administrative functions to the BH-ASO.
- ▶ For “Mid-Adopters”, MCOs can contract for specific Medicaid services during the 2019 transition year.
- ▶ It’s still uncertain what can be contracted for starting in 2020.

# Questions?

*Empowering Individuals and Families to Improve their  
Health and Well-Being*

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### Opportunities and Challenges of Becoming a Mid-Adopter

ISSUE	OPPORTUNITIES	CHALLENGES
<b>Letter of Commitment due from all counties by 9/15/17</b>	<u>Note: HCA has agreed to extend the deadline for North Sound to September 20</u>	<ul style="list-style-type: none"> <li>• Less time to incorporate lessons learned from early and mid-adopters</li> <li>• Less time to assess the sustainability of the business model</li> <li>• Requires agreement/commitment of all five counties</li> <li>• Not all county concerns will be addressed by September 15, e.g. MCO partnership in funding Crisis Services</li> </ul>
<b>Incentive dollars for committing to 2019 integration date</b>	<ul style="list-style-type: none"> <li>• Provides up to \$11.6 million in DSRIP incentive payments to increase provider and infrastructure capacity</li> </ul>	<ul style="list-style-type: none"> <li>• These DSRIP \$\$ will NOT increase funding support for existing services. Incentive dollars are for supporting infrastructure/provider capacity.</li> <li>• The allocation of the DSRIP \$ will be decided by the NSACH – how will they address population and geographic disparities.</li> </ul>
<b>County role in RFP to select MCOs</b>	<ul style="list-style-type: none"> <li>• Maximizes County leverage in designing a system and governance structure</li> <li>• Counties can have input into the regional addendum for the 2018 RFP and participate in the RFP scoring panel</li> </ul>	<ul style="list-style-type: none"> <li>• RFP will issued in February, 2018, so region specific requirements will need to be developed by January.</li> </ul>
<b>Commitment to Full integration by 2019</b>	<ul style="list-style-type: none"> <li>• Shortens the time existing providers and BHO remain in limbo about the future</li> <li>• Provides earlier access to integrated care</li> <li>• Potentially provides a more gradual transition period from the existing system</li> <li>• More time to “test out” the risk associated with managing Crisis and non-Medicaid services</li> <li>• Provides a transition period to test out models of contracting with the BH-ASO for specific value-added services</li> </ul>	<ul style="list-style-type: none"> <li>• May not be enough time to prepare behavioral health providers. They have made significant investments in their administrative infrastructures and may need more time to adapt their technology systems to interface with new funders.</li> <li>• Mental health and SUD services haven’t yet been fully integrated at clinical level, another change so soon could be stressful for providers.</li> <li>• Will reduce the amount of BHO admin funding to the counties to carry out delegated responsibilities for allied system coordination.</li> <li>• Not clear if sufficient financial support will be provided to BHAs to transition to contracting with and billing MCOs.</li> <li>• Less time to spend down BHO reserves – the North Sound may have to give back as much as \$50 million if integration occurred today.</li> </ul>

**Opportunities and Challenges of becoming a Behavioral Health Administrative Services Organization (BH-ASO)-UPDATED September 1, 2017**

ISSUE	OPPORTUNITIES	CHALLENGES
<p><b>Maintaining the existing level of Crisis and Diversion services</b></p>	<ul style="list-style-type: none"> <li>• Maintains the existing continuum of care for crisis services.</li> <li>• Maintains the existing set of relationships with community organizations and systems, e.g., law enforcement, hospitals, Tribes, etc. No need to change the Crisis Line phone numbers.</li> <li>• Maintains accountability for Crisis Services to County Elected Officials</li> </ul>	<ul style="list-style-type: none"> <li>• Maintaining the existing level of crisis services and/or increasing capacity will require ongoing commitment of Medicaid funding from the contracted MCOs. This includes additional capacity funding for Island and San Juan Counties.</li> <li>• The BH-ASO will begin operating with no operating or cash reserves, increasing the level of fiscal risk. Will require a legislative allocation of sufficient non-Medicaid operating funds to cover operating cost.</li> <li>• Will require ongoing commitment from the MCOs to ensure coordination between Crisis and Non-Medicaid services and Medicaid services.</li> </ul>
<p><b>Adequately meeting the needs of persons with more acute needs and costly treatment requirements</b></p>	<ul style="list-style-type: none"> <li>• Maintains at least a portion of the existing BHO administrative infrastructure that can also be used to provide a set of contracted services for the MCOs where a regional administrative approach makes the most sense.</li> </ul>	<ul style="list-style-type: none"> <li>• Counties are concerned that if implementation of full integration is not successful with the more acute, more costly populations, these persons could end up being served by the BHO [ASO] system</li> </ul>
<p><b>Maintaining a locally administered regional coordinating entity</b></p>	<ul style="list-style-type: none"> <li>• If there is a commitment to maintaining the Interlocal Leadership Structure, this would ensure that a county administered entity is coordinating planning.</li> <li>• Provides for coordination of planning to address capacity and expansion needs, e.g., funding the operation of future behavioral health facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting the role of the BH-ASO as the regional planning and coordinating entity will require an adequate commitment of Medicaid funds from the MCOs and advocacy efforts to support regional goals for expanding capacity, including for capital costs and recovery support services.</li> </ul>